

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

3423
Do not use this space.

1. PLACE OF DEATH

(a) County Marion
(b) Township Randolph
(c) City Palmira
(e) Length of residence in city or town where death occurred 4 yrs. mos. ds.

Registration District No. 551
Primary Registration District No. 5744

Registered No. _____

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mary Jarilda Banks
Palmira Mo St. Marion
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Napoleon Banks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22, 1859
7. AGE YEARS 81 MONTHS 9 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. farm duties
10. Date deceased last worked at this occupation (month and year) Life 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

13. NAME Edward M. Kitch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Janice Keach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

17. INFORMANT (ADDRESS) Tessie L. Banks
Palmira Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Emerson DATE Jan 6, 1941

19. FUNERAL DIRECTOR (ADDRESS) A. H. Chambers
Maywood Mo.

20. FILED Jan 11, 1941 J. M. Crebs Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1941 to Jan 4, 1941
I last saw him alive on Dec 20, 1940 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Date of onset Nov 30, 1940

Other contributory causes of importance: Hypertensive heart disease

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) J. A. Hall M. D.
Palmira Mo. (Address)

STATEMENT BY LICENSED EMBALMER

I, A. N. Chambers, Licensed Embalmer No. 3766

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed A. N. Chambers

Licensed Embalmer No. 3766

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)